DEPARTMENT OF ADMINISTRATION
Parking Administration
785-296-5191
FAX No. 785-296-3456
DFM-P-926 (Rev 6/15)

Topeka Curtis Parking Garage Contract

		Please Type or	Print Legibly	1		
Last Name		First Name	 Initial	***************************************	Employee ID	
Agency and Department/Se		ction			Agency Number	
Agency A	Address – Building,	Street, Floor, Room Numbe	r			
Work Em	nail Address					
Work Telephone Number		Home Telepho	Home Telephone Number		Cell Phone Number	
Year	Make	Model	-	County	Tag Number	
Year -	Make	Model	_	County	Tag Number	
Year -	Make	Model		County	Tag Number	
Year	Make	Model	_	County	Tag Number	
Type of C Shriners,	Custom or Special li etc.):	icense plate (i.e. Veteran, M	ilitary, Personali	ized, University	, Disability, Firefighter,	
through 1- rates for the rules and the Payment website (website (website is g	ition for the issuance 45-24, are considere ne Curtis Garage will regulations. will be made in advar www.admin.ks.gov/off iven to terminate the	Rules & Regard of a parking permit, I understated a part of this agreement and be set on an annual contract be a by a bi-weekly payroll deductives/ofpm/parking). This author Parking Contract due to employ a Curtis Parking Garage will the	gulations nd that the rules a may be lawfully a asis. I agree to a ination Terms ction from my ear orization shall cor	and regulations amended or revolutions and to describe the service of the amention of the amention of the amention of the amention of the service of the ser	oked. I understand, the observe all applicable nount indicated on the ntil written or electronic	
D/A Park	ving Administration	Authorized Signature		Signature of	Applicant	
D/A, Parking Administration, Authorized Signature			Data	olynature or	<u> Α</u> μριισαπί	
Date			Date			
T2 Parking Administration Use Only				Stall Number	r	
SHaRP_	eff.		CG Access		-	
Parking C	Codes					